



WINNING
ORTHODONTIC SMILES
YOUR SMILE • OUR PASSION

Winning Smiles Scholarship Application

All fields must be completed in order to be considered. Please only use blue or black ink and write in English.

Date: _____

First and Last Name of Applicant: _____

Preferred First Name or Nickname: _____

In addition to this application, you must include three 5"x7" photographs of the applicant. The photos must be clear (no pixelated or blurry photographs). The applicant must be biting down all the way in all three photos.

- 1)Smiling photo with full face, all teeth visible from the front
- 2)Profile smiling photo showing full face, teeth visible from the side
- 3)Close up from the front showing all upper and lower teeth (retract cheeks with plastic spoons)

Two reference letters that tell us why the applicant deserves a scholarship are required. Reference letters must be from non-family members. Examples: dentist, pastor, teacher, counselor, etc.

This letter is a great opportunity for the reference to give the selection committee insight about the candidate. Examples: community service, exceptional efforts, outstanding qualities, strong character.

Applicant's Date of Birth: _____ Gender: _____ Pronouns: _____

School: _____ Grade: _____

Parent or Legal Guardian's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Parent or Legal Guardian's Employer: _____

Annual Household Income: \$ _____ Number of People in Household: _____

Does applicant qualify for Medicaid or Medicare? Circle one: Yes / No

Does applicant qualify for reduced or free lunch program? Circle one: Yes / No

Please only complete if applicant is covered by dental insurance:

Insurance Company: _____ Policy Number: _____

